

Step 1

Step 2

Step 3

Step 4

Finished

 **English**

Please fill out the form below to file your complaint with our office. Please note that you must complete all the required fields in order for your complaint to be accepted. Once you submit the form, you will be able to upload electronically any additional supporting documents you may have. Please have the documents prepared before you fill out this form if you plan to attach them.

Please use the navigation buttons provided within the form if you need to go back to or skip forward to a specific page within the complaint form. Clicking the Back and Forward buttons on your browser during data entry might cause a loss of the data that you entered.

Complaint forms are public records, which are subject to the Freedom of Information Act just like other public records. If we receive a request for copies of records that include your complaint, we may be required to provide a copy of your complaint to the requestor. Information that would reveal your identity as a complainant is, however, exempt from disclosure and will be deleted from copies that we provide, allowing the requestor to read your complaint without compromising your privacy.

Your Information

Title

Mr.

Mrs.

Ms.

First Name

JILL

Last Name

RAMOS

Address

12N932 ENGEL ROAD

City

SYCAMORE

State

IL

Zip Code

60178

County

DEKALB

Daytime Telephone

(312)319-1195x____

Evening Telephone

()__-__x__

Email address

IRSTAXAUDIT@outlook.com

☐ I am a senior citizen

☐ I am a veteran

☐ I am a service member

Name of seller or provider of service

Name of seller or provider

KANE COUNTY COURTHOUSE

Address

100 SOUTH 3RD { THIRD } STREET

City

Geneva

State

IL

Zip Code

60134

Telephone

(630)232-3400x____

Website

<https://countyofkane.org/>

I have complained to the company or individual

Person contacted

Prairie State Legal ServiceS , Inc .

Telephone

(630)690-2130x____

Click to add additional seller or provider's name

Go to step 2

